

PART B - FEE(S) TRANSMITTAL

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APR 07 2006

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7590 01/27/2006

Scott C. Hatfield
 Myers Bigel Sibley & Sajovec, P.A.
 P.O. Box 37428
 Raleigh, NC 27627

04/10/2006 NNGUYEN2 00000114 10796931

01 FC:1501 1400.00 OP
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Joyce Paoli

(Depositor's name)

Joyce Paoli
 4-4-06

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/796,931	03/10/2004	In-joon Yeo	5649-1213	3285

TITLE OF INVENTION: ELECTRONIC DEVICES INCLUDING ELECTRODES WITH INSULATING SPACERS THEREON AND RELATED METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, EUGENE	2815	257-309000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Myers Bigel Sibley & Sajovec

- 1 _____
 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Samsung Electronics Co.,Ltd.

Gyeonggi-do, KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
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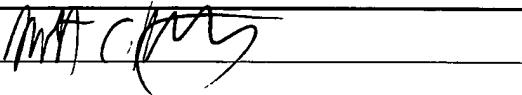
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-0220** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date **April 4, 2006**

Typed or printed name **SCOTT C. HATFIELD**

Registration No. **38 , 176**

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